

## Office of the Registrar

## **Application to Audit Courses**

Title	Last Name	First		Middle	е	Preferred I	Name	
Relati	ionship to MTSC	O (check all that apply):	:					
r	no prior relations	ship (how did you hear	about us?					_)
6	alumni (name yo	ou attended under, if di	fferent then abo	ve				)
spouse of current MTSO student (spouse name:)								
current or former employee of MTSO or spouse of current employee								
member of MTSO Parish Partner Church (name of church:)								
								/
		Call Phon						
Home Phone: Cell Phone: E-mail:								
Current vocation: Religious affiliation (if any):								
Highe	est educational o	degree earned:	Year:	Majo	r field of stu	ıdy:		
Socia	I Security Numb	oer	Dat	e of Birth_				
AUI	DIT COURSE R	EQUEST IS FOR: TE	RM		YEAR			
	Course No.	Cou	rse Title		Days	Times	Instructor	]
1. 2. 3. 4. 5.	requirements ma Auditors will not Auditors cannot Availability to au- course. Course instructo	O must fulfill the requiremental include readings, class atto be required to submit written request at a later date to reculate the individual courses at MTS are reserve the right to limit of the per course (\$75 for ages 6).	endance, and other work for evaluation eive academic cred GO is subject to cha r prohibit auditor pa	appropriate n, nor to take it for courses nge based o rticipation in	forms of particle examinations is they audited in the enrollment their courses.	cipation.	eking students in t	the
anu ra		REQUESTS MUST BE	CUDMITTED	O TUE D	ECISTD A D	'S OFFICE		
		LATER THAN ONE \					€.	
		ore information at 740-362-3 3081 Columbus Pike, Delaw		<u>ntso.edu</u> . Fo	orms can be fa	xed to 740-362	-3129 or mailed t	:О
I und	erstand the abo	ove information regar	ding auditing	classes a	t MTSO.			
							of instructor requ	
Audit	or Signature	Da	ate					